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## BIB DATA SHEET

CONFIRMATION NO. 6963

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/REGINALD R REYES/ Examiner's Signature	Met after Allowance	RRR Initials	MN	6	44	6

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## TITLE

Prioritized presentation of medical device events

FILING FEE RECEIVED 1434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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